

R.I. Bankr. Form B  
See R.I. LBR 1007-1(c)

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF RHODE ISLAND

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In re: :

Debtor(s) : BK No.  
Chapter 11

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**NOTICE TO CREDITORS IN CHAPTER 11 CASE SCHEDULED  
AS DISPUTED, CONTINGENT OR UNLIQUIDATED**

**PLEASE TAKE NOTICE:** Pursuant to R.I. LBR 1007(b)-1(c), notice is hereby given to creditors listed on the attached sheet that their claims have been scheduled by Debtor as disputed, contingent or unliquidated. Accordingly, such creditors are advised of their right to file proofs of claim and that failure to do so may prevent them from voting under the Plan or participating in any distribution thereunder. A Proof of Claim form is included with this Notice for your convenience.

Date:

By: \_\_\_\_\_  
(Attorney for Debtor)

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

<b>United States Bankruptcy Court District of Rhode Island</b>	<b>PROOF OF CLAIM</b>
Name of Debtor	Bankruptcy Case No. Chapter:
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. ' 503.	
<b>A. CREDITOR INFORMATION</b>	
<i>(The creditor is the person or other entity to whom the debtor owes money or property)</i>	

THIS SPACE FOR  
COURT USE ONLY

Name and Address of Creditor	<input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  <input type="checkbox"/> Check box and attach copy of assignment of claim has been assigned to you.
Number by which creditor identifies debtor:	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously-filed claim dated: <input type="checkbox"/> supplements

**B. CLAIM INFORMATION**

1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods purchased <input type="checkbox"/> Services performed <input type="checkbox"/> Monies loaned <input type="checkbox"/> Other forms of contract (identify) <input type="checkbox"/> Personal injury/Wrongful death/Property damage <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Wages, Salaries and Commissions (Fill out below) Your social security number _____ Unpaid services performed from _____ to _____ Nature of services (Describe briefly)
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2. DATE DEBT WAS INCURRED:

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another - such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ For the purposes of this form a claim is unsecured if there is no collateral or to the extent the value of collateral is less than the amount of the debt.	<input type="checkbox"/> PRIORITY CLAIM \$ _____ Specify the priority of the claim by checking the appropriate box(es) <input type="checkbox"/> Wages, salaries or commissions (up to \$2000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. ' 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. ' 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or or services for personal, family or household use -11 U.S.C. ' 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. ' 507(a)(7) <input type="checkbox"/> Other specify:
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	

4. TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

(Unsecured) (Secured) (Priority) (TOTAL)

5. Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.	THIS SPACE FOR COURT USE ONLY
6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. ' 503.	
7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.	
8. To receive an acknowledgment of the receipt of your claim, enclose a stamped, self addressed envelope and a copy of your claim.	

**C. CERTIFICATION**

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date	Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this Claim (attach copy of power of attorney, if any)
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*Penalty for Presenting Fraudulent Claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. Title 18 U.S.C. ' 152 & ' 3623.